

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 814513 (8)
1. Corporation Name
NORTHLAND INSURANCE COMPANY



Principal Place of Business 1295 NORTHLAND DR MENDOTA HEIGHTS MN 55120-1146 US	Mailing Address PO BOX 64816 ST PAUL MN 55164-0816 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 No Change		2a. Mailing Address 26 No Change		3. Date Incorporated or Qualified 06/24/1960	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 41-6009967	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BLDG, PLAZA LEVEL II TALLAHASSEE FL 32301				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BLDG, PLAZA LEVEL II TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81 Name	No Change
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL
				85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **No Change** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCOB <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOPON, GENE G	1.2 NAME	
STREET ADDRESS	1295 NORTHLAND DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MENDOTA HEIGHTS MN	1.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTHERLAND, BARBARA L.	2.2 NAME	
STREET ADDRESS	1295 NORTHLAND DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MENDOTA HEIGHTS MN	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKARD, DAVID L.	3.2 NAME	
STREET ADDRESS	1295 NORTHLAND DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MENDOTA HEIGHTS MN	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	CFO/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERSON, WILLIAM C.	4.2 NAME	
STREET ADDRESS	1295 NORTHLAND DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MENDOTA HEIGHTS MN	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMON, JEROME B	5.2 NAME	
STREET ADDRESS	2900 NORWEST CTR, 90 SOUTH 7TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	P/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, RANDALL DEAN	6.2 NAME	
STREET ADDRESS	1295 NORTHLAND DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MENDOTA HEIGHTS MN	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara L. Sutherland* Barbara L. Sutherland 1/23/98 612-688-4100

CR2E034 (10/97)